

PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number Y3-13
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CLAIMS AS FILED - PART I			SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$ _____		\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	12	minus 20 = * 0	x \$9 =	0.00	OR	x \$18 = 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0	x 43 =	0.00	OR	x 86 = 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		OR	+ _____ =
			TOTAL	0.00	OR	TOTAL 0

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	OR	x \$ _____ =
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR	+ _____ =
					TOTAL	OR	TOTAL
					ADDIT. FEE	OR	ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	OR	x \$ _____ =
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR	+ _____ =
					TOTAL	OR	TOTAL
					ADDIT. FEE	OR	ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	OR	x \$ _____ =
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR	+ _____ =
					TOTAL	OR	TOTAL
					ADDIT. FEE	OR	ADDIT. FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.